2007-2008 Course Approval Form
Joint Technological Education Districts

Name of Joint Technological District:_____

Contact Person:_____ Phone: _____Email:_____

Program Name:_____ Program CIP: _____

For ADE Use Only

Course approval Check list	**Comments**

Uses industry validated curriculum ___ Yes ___No   _____
_____

End of program assessment or
certification available for students ___Yes ___No   _____
_____

Requires specialized equipment or
instructional materials   ___Yes ___No   _____
_____

Has appropriately certified
instructor for each course   ___Yes ___No   _____
_____

_____ All courses listed on the application are approved

_____ Courses listed below are not approved

<u>**Course**</u>	<u>**Rational for UnapprovedCourses**</u>
_____	_____
	_____
	_____
_____	_____
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_____	_____
	_____
	_____
_____	_____
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_____	_____
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	_____

_____   _____

Signature of ADE Reviewer   **Date of Review**